

Box See

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jc525 U.S. PRO  
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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. LEX-004

First Named Inventor Gillies

Title *ENHANCEMENT OF ANTIBODY-CYTOKINE FUSION PROTEIN MEDIATED IMMUNE RESPONSES BY CO-ADMINISTRATION WITH ANGIOGENESIS INHIBITOR*

APPLICATION ELEMENTS		ADDRESS TO: Box Patent Application Assistant Commissioner for Patents Washington, D.C. 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form		<b>ACCOMPANYING APPLICATION PARTS</b>
2. <input checked="" type="checkbox"/> Application and Drawings [Total Pages 51] - Specification - (41 pages) - Claims - (4 pages) - Abstract - (1 page) - Sheets of Drawings - (5 sheets) <input type="checkbox"/> Formal <input checked="" type="checkbox"/> Informal		7. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney
		8. <input type="checkbox"/> English Translation Document ( <i>if applicable</i> )
		9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
3. <input type="checkbox"/> Oath or Declaration [Total Pages ] a. <input type="checkbox"/> Newly executed (original) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <i>[Note Box 4 below]</i>		10. <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Drawings [Total Sheets ] <input type="checkbox"/> Letter to Official Draftsperson Including Drawings [Total Pages ]
		11. <input checked="" type="checkbox"/> Return Receipt Postcard
4. <input type="checkbox"/> Incorporation by Reference (usable if Box 3b is checked) The entire Disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 3b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		12. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statements filed in prior application, (Status still proper and desired)
		13. <input type="checkbox"/> Certified Copy of Priority Document(s)
5. <input type="checkbox"/> Microfiche Computer Program ( <i>Appendix</i> )		14. <input type="checkbox"/> Deletion of Inventor(s) Signed statement attached deleting inventor(s) named in the prior application.
6. <input checked="" type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <input checked="" type="checkbox"/> Computer Readable Copy <input checked="" type="checkbox"/> Paper Copy (identical to computer copy) <input checked="" type="checkbox"/> Statement verifying identify of above copies		15. <input checked="" type="checkbox"/> Patent Application Data Entry Form
		16. <input type="checkbox"/> Other:
17. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)   of prior application Serial No. _____/_____. <b>Priority to the above application(s) is claimed under 35 U.S.C. 120.</b> Prior application information: Examiner: _____ Group/Art Unit: _____		
18. <input checked="" type="checkbox"/> Priority - 35 U.S.C. 119 <input checked="" type="checkbox"/> Priority of application Serial No. <u>60/081,863</u> filed on <u>April 15, 1998</u> in the <u>United States</u> is claimed under 35 U.S.C. 119.		
119. <input type="checkbox"/> The certified copy has been filed in prior U.S. application Serial No. _____/_____ <input type="checkbox"/> The certified copy will follow.		
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		<p>Respectfully submitted, <i>Michael H. Brodowski</i></p> <p>Michael H. Brodowski Atty/Agent for Applicant(s) Testa, Hurwitz &amp; Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110</p>

## FEE TRANSMITTAL

Note: Effective October 1, 1997.  
Patent fees are subject to annual revision

Complete if Known

Application Serial Number			
Filing Date	April 15, 1999		
First Named Inventor	Gillies		
Group Art Unit			
Examiner Name			
Attorney Docket No.	LEX-004		

## METHOD OF PAYMENT

1.  Payment Enclosed:  
 Check  Money Order  Other

2.  The Commissioner is hereby authorized to credit or charge any fee indicated below to Deposit Account No. 20-0531.  
 Required Fees (copy of this sheet enclosed).  
 Additional fee required under 37 CFR 1.16 and 1.17.  
 Overpayment Credit.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or	
130	130	Non-English specification	
2,520	2,520	For filing a request for reexamination	
110	55	Extension for reply within first month	
380	190	Extension for reply within second month	
870	435	Extension for reply within third month	
1,360	680	Extension for reply within fourth month	
1,850	925	Extension for reply within fifth month	
300	150	Notice of Appeal	
300	150	Filing a brief in support of an appeal	
260	130	Request for oral hearing	
130	130	Petitions to the Commissioner	
50	50	Petitions related to provisional applications	
240	240	Submission of Information Disclosure Statement (37 CFR 1.97(c))	
130	130	Submission of Information Disclosure Statement (37 CFR 1.97(d))	
760	380	Filing a submission after final rejection (37 CFR 1.129(a))	
760	380	For each additional invention to be examined (37 CFR 1.129(b))	
		Other (Specify)	

## FEE CALCULATION

## 1. FILING FEE

## Large Entity

Fee (\$)	Fee Description	Fee Paid
760	Utility filing fee	760.00
310	Design filing fee	
150	Provisional filing fee	

	Number Filed	Number Extra	Rate	Amount
Total Claims	27	- 20 = 7	x \$ 18.00 =	126.00

Independent Claims	3	- 3 = 0	x \$ 78.00 =	0.00
<input type="checkbox"/> Multiple Dependent Claim(s), if any			\$260.00 =	0.00

TOTAL: 886.00

SMALL ENTITY DISCOUNT: 0.00

SUBTOTAL (1) (\$ 886.00)

2. AMENDMENT CLAIM FEES	Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid		SUBTOTAL (3) (\$ 0.00)
Total	- =		x \$ 18.00 =				
Indep.	- =		x \$ 78.00 =				
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$260.00 =				

TOTAL: (\$ 886.00)

SMALL ENTITY DISCOUNT: (\$ 0.00)

SUBTOTAL (2) (\$ 0.00)

SUBTOTAL (1) 886.00

SUBTOTAL (2) 0.00

SUBTOTAL (3) 0.00

TOTAL (\$ 886.00)

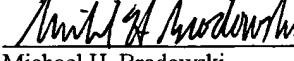
## CORRESPONDENCE ADDRESS

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## SIGNATURE BLOCK

Respectfully submitted,

  
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